| PATENT APPLICATION FEE DETERMINATION RECO  |  |   |  |   |              |                  | Application or Docket Number |                        |       |                     |  |
|--|--|---|--|---|--------------|------------------|------------------------------|------------------------|-------|---------------------|--|
| ©ffective October 1, 1997  |  |   |  |   |              |                  | טחל                          | 109/                   | 145   | )/ 20               |  |
|  |  |   | AS FILED -<br>(Column 1)                 | PART I                                      | (Co          | lumn 2)          | SMA                          | LL ENTITY              | OR    | OTHE                | R THAN   |
| FOR  |  | <u></u>                                   | BER FILED                                | NUI   | NUMBER EXTRA |                  | RATE                         |                        | 7     | RATE                | FEE  |
| BASI   | IC FEE   |   |  |   |              |                  |                              | 395.00                 | OR    |                     | 1,0700<br><del>790.00</del>                      |
| TOTA   | AL CLAIMS                                      |   | 2.7 minu                                 | nus 20 =   + 2/                             |              |                  | x\$11                        |                        | OR    | x\$22=              | 41211  |
|  | EPENDENT CL                                    |   | <del></del>                              | nus 3 =                                     | <u></u>      |                  | x41=                         | =                      | OR    | x82=                | 820)   |
|  |  | DENT CLAIM PRI                            |  |   |              |                  | +135                         | =                      | OR    |                     | 77111  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |   |              | ТОТА             |                              | OR                     | TOTAL | 1884.0              |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Co  |  |   |  |   | (Column 3)   | SM/              | ALL ENTITY                   | OR                     |       | R-THAN<br>L ENTITY  |  |
| ENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |              | PRESENT<br>EXTRA | RATE                         | ADDI-                  |       | RATE                | ADDI-<br>TIONAL<br>FEE                           |
| NDN  | Total  | •   | Minus                                    | **  |              | =                | x\$11=                       | =                      | OR    | x\$22=              | <del>                                     </del> |
| <b>AMENDMENT</b>   | Independent                                    | nt Minus                                  |  | ***   |              | =                | x41=                         | :                      | OR    | x82=                |  |
|  | FIRST PRES                                     | SENTATION OF                              | - MULTIPLE                               | DEPENDE                                     | NT, CL       | AIM              | +135=                        | =                      | OR    | +270=               |  |
|  |  | (Column 1) (Column 2) (Column 3)          |  |   |              | (Column 3)       | TOTA<br>ADDIT. FE            |                        | OR    | TOTAL<br>ADDIT. FEE |  |
| ENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | Andrew Salar                             | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO       | ER<br>JSLY   | PRESENT<br>EXTRA | RATE                         | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE                           |
| Z DM   | Total  | *   | Minus                                    | **  |              | =                | x\$11=                       | =                      | OR    | x\$22=              |  |
| AMENDME  | Independent                                    | •   | Minus                                    | ***   |              | =                | x41=                         |                        | OR    | x82=                |  |
|  | FIRST PRES                                     | SENTATION OF                              | MULTIPLE                                 | DEPENDE                                     | NT CL        | AIM              | +135=                        | =                      | OR    | +270=               |  |
|  | (Column 1) (Column 2) (Column 3)               |   |  |   |              |                  | TOTA<br>ADDIT. FE            |                        | OR    | TOTAL<br>ADDIT. FEE |  |
| 볾  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGHES<br>NUMBE<br>PREVIOUS<br>PAID FO      | R            | PRESENT<br>EXTRA | RATE                         | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE                           |
|  | Total  | •   | Minus                                    | ••<br>•                                     |              | =- * * * * *     | x\$11=                       | :                      | OR    | x\$22=              |  |
|  | ind pendent                                    | •   | Minus                                    | ***   |              | =                | x41=                         |                        | OR    | x82=                |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |              |                  | +135=                        | ;                      | OR    | +270=               |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (T tal or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |   |              |                  |                              |                        |       |                     |  |